

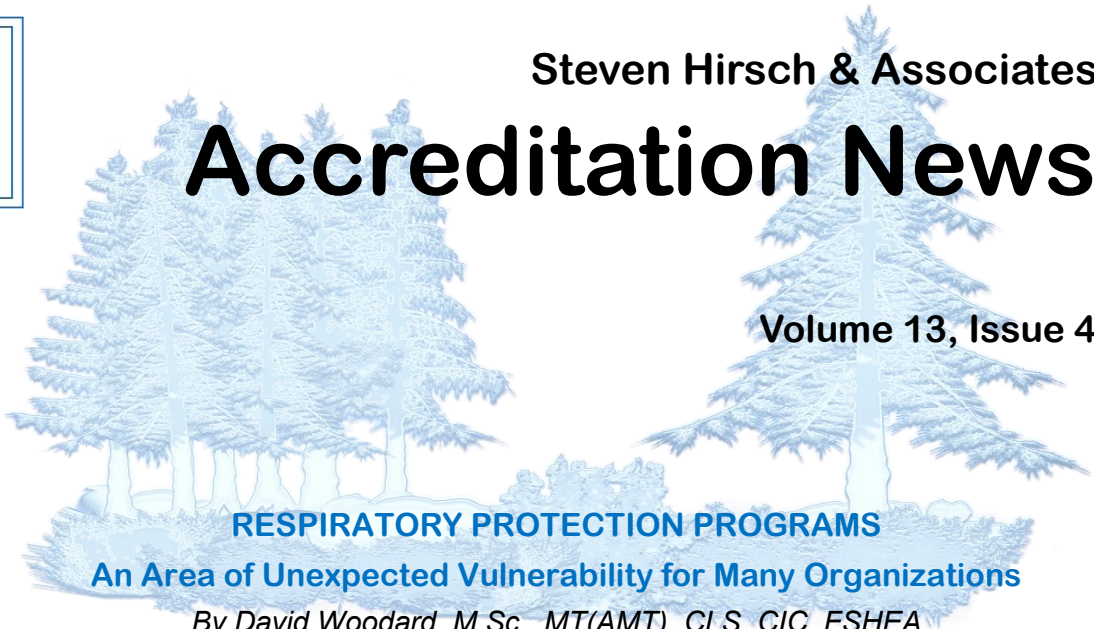


Steven Hirsch & Associates

# Accreditation News

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## RESPIRATORY PROTECTION PROGRAMS

### An Area of Unexpected Vulnerability for Many Organizations

By David Woodard, M.Sc., MT(AMT), CLS, CIC, FSHEA

#### Steven Hirsch & Associates

This issue offers important updates on licensing issues that may impact your successful accreditation.

For over 32 years, Steven Hirsch and Associates has been one of the foremost authorities on successful accreditation, licensure, and Medicare certification. Feel free to contact us with your most pressing regulatory questions and concerns.

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As part of their role in ensuring workplace safety, the Federal (CMS), as well as your State Surveyors, are concerned about the facility Respiratory Protection Program. In addition to the Policies and Procedures that surround the Respiratory Protection Program (Airborne Infection Isolation), they may examine the Engineering Controls that are required, including documentation of the function of the negative pressure rooms, or the portable HEPA devices, as well as the personal protective component (Masks/Respirators). Healthcare organizations should have a well-documented program that addresses all the elements of a Respiratory Protection Program from the administration to education and training, to the engineering controls.

The CDC defines a Respiratory Protection Program as follows:

“A respiratory protection program is a written program required by the Occupational Safety and Health Administration’s (OSHA) Respiratory Protection Standard (29 CFR 1910.134). The program includes procedures specific to your worksite intended to prevent you from inhaling harmful contaminants in your workplace. OSHA requires that each employer must provide respirators to protect workers from workplace hazards during work to prevent inhalation of hazardous materials that cannot be controlled by other measures (i.e., engineering or administrative controls). The employer must establish and maintain a respiratory protection program, which is compliant with the OSHA respiratory protection standard and provides respirators suitable for their intended purpose” ([https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/resresource3respirator.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/resresource3respirator.html).)

Some states such as California, may have their own standard for Respiratory Protection, and healthcare organizations must ensure compliance.

In 2009, the California Occupational Safety and Health Administration (CalOSHA) adopted an aerosol transmissible disease standard which is codified in Title 8, 5199 (<https://www.dir.ca.gov/title8/5199.html>.)

This standard applies to all high-risk settings--acute care hospitals, acute psychiatric hospitals, clinics, SNFs, CCFs, corrections, homeless shelters, and laboratories.

Aerosol Transmissible Diseases are considered to be those diseases that are transmitted by the inhalation of infectious particles from an infected source and include pulmonary tuberculosis; viral disease such as measles, mumps, and chicken pox; and now the novel Corona virus COVID-19. Implementation of Aerosol Transmissible Precautions include the use of an N-95 respirator for general exposure, and a PAPR for extended use such as during a bronchoscopy.

The regulations require that anyone who must use a respirator must first have a “fit-test” to ensure that the mask properly fits the user and that it will function safely for the user. The “fit test” requires the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. A properly performed “fit test” will provide the organization an

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## RESPIRATORY PROTECTION PROGRAMS

### An Area of Unexpected Vulnerability for Many Organizations

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opportunity to check for problems with the respirator's use and to permit the recognition of any medical signs or symptoms that may limit or prevent an employee's use of a respirator. "Fit testing" must be done annually and any time there is a change in the facial architecture of the user (weight loss or gain, facial hair, surgery or accident) that could change the result.

All types of respirator masks used by the organization must be fitted to each user due to manufacturing variation. It is recommended that the organization maintain a spreadsheet of all employees and the type(s) of masks for which they have been fitted so that in times of PPE shortage one can easily retrieve correct substitutes.

Powered Air-Purifying Respirators (PAPRs) are a class of respiratory protective devices that can be used by medical workers to protect themselves against biological hazards. A Controlled Air-Purifying Respirator, or CAPR® is a proprietary version of a PAPR, which fulfills all of the same functions using a slightly different arrangement. Because of their design, neither the PAPR nor the CAPR requires fit testing. Additionally, individuals with facial hair can safely use either device.

California Code of Regulations §5144: Respiratory Protection Program, provides guidance on what needs to be done prior to "fit testing", during "fit testing", Respiratory Protection training, and recordkeeping: (<https://www.dir.ca.gov/title8/5144.html>)

Cal/OSHA Fact sheet on Respiratory Protection: ([https://www.dir.ca.gov/dosh/dosh\\_publications/respiratory-protection-fs.pdf](https://www.dir.ca.gov/dosh/dosh_publications/respiratory-protection-fs.pdf).)

There are two methods to perform "fit testing," qualitative (use of saccharin or other chemical that can be detected via the sense of smell) and the quantitative (a physical measurement of particulate materials). Facilities who use the qualitative method must ensure that there are procedures that are developed and based on the NIOSH and OSHA standards and that these protocols are followed with each testing cycle. If the facility is using the train-the-trainer method, there must be a way to measure initial competency AND to ensure that the competency is sustained.

Quantitative tests, which require a special device, can be done by the organization, and many larger institutions have adopted this method either under a contract with a qualified agent, or to purchase, use, and maintain the equipment.

Regardless of the method chosen, the organization must ensure that annual "fit testing" is performed and documented; and that there is documented maintenance on the PAPR/CAPR devices including cleaning, preventative maintenance, and battery charge.

**For further information on how Steven Hirsch & Associates  
can assist you with all your Infection Prevention and Control needs,  
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#### **IMPORTANT NOTICE:**

**STEVEN HIRSCH & ASSOCIATES is "going green" in 2022!**

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**As always, *STEVEN HIRSCH & ASSOCIATES ACCREDITATION NEWS* can be found on our website at [www.shassociates.com](http://www.shassociates.com), including all the previous editions.**

## **Spare Fire Sprinklers**

*By Steven Hirsch, MPA, FACHE*

The Joint Commission recently made revision to their standard LS.02.01.35. “The hospital provides and maintains systems for extinguishing fires.” EP7 states “At least six spare sprinkler heads of each type and temperature rating installed in the facility are readily available, with the associated wrench or tool to replace the sprinkler head. The spare sprinkler heads and wrench or tool are stored in a cabinet that does not exceed 100°F.” This revision is consistent with the application of the CMS Life Safety Survey guidelines and can be expected to be utilized during deemed status surveys conducted by DNV, HFAP or CIHQ. **Effective January 1, 2022, a note has been added to EP7 that states: “If the hospital has more than 300 sprinklers, the minimum spare sprinkler head requirement incrementally increases.”** Reference is made to the NFPA Code section below.

During Mock Surveys conducted by Steven Hirsch & Associates, many healthcare organizations have a significant supply of spare fire sprinklers; however, it is unknown whether the selection of spare fire sprinklers contains the minimum number of fire sprinklers required, based on the different types of devices that may be installed throughout the facility. An actual inventory of fire sprinklers needs to be compiled, in accordance with NFPA standards that have been adopted by accreditation agencies and Centers for Medicare and Medicaid Services. The hospital needs to follow the more stringent requirement as stated in the NFPA Code, to assure compliance with CMS regulatory expectations.

In accordance with NFPA 13, 2010 Edition, the organization is required to maintain a supply of spare fire sprinklers that includes all types and ratings installed based on the number of each type of fire sprinkler installed in the facility, as follows:

- (1) For protected facilities that have under 300 sprinklers – no fewer than 6 sprinklers.
- (2) For protected facilities having 300–1000 sprinklers – no fewer than 12 sprinklers.
- (3) For protected facilities having over 1,000 sprinklers – no fewer than 24 sprinklers.

One sprinkler wrench as specified by the sprinkler manufacturer is required to be provided in the cabinet for each type of fire sprinkler installed to be used for the removal and installation of fire sprinklers in the system.

An inventory list of the fire sprinklers installed in the property is required to be posted in the fire sprinkler cabinet. The list shall include the following information:

- (1) The sprinkler identification number (SIN if equipped); or the manufacturer, model, orifice, deflector type, thermal sensitivity, and pressure rating;
- (2) General description;
- (3) Quantity of each type to be contained in the cabinet; and
- (4) Issue or revision date of the list.

It is advised that each healthcare facility compile an inventory listing of each type of fire sprinkler installed, that includes the data listed above. Then, based on the numbers of each type of fire sprinklers installed, the facility will need to maintain an inventory of spare fire sprinkler heads based on the guidelines noted above.

While this has been enforced consistently during CMS surveys for some time, the accreditation agencies are expected for deemed status organizations, to enforce the Codes and Standards adopted by CMS. This will now include maintaining an inventory of fire sprinklers and a cache of spare devices. Be sure that if there are competing standards and regulations, that your organization follows the most stringent requirements to assure compliance.

**If you have any questions or need further information,  
email [stevenhirsch@shassociates.com](mailto:stevenhirsch@shassociates.com) or call (800) 624-3750.**

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## Prepare for Your Triennial Accreditation Survey

*By Steven Hirsch, MPA, FACHE*

If your organization is due for its triennial accreditation survey in 2022 or 2023, we are currently scheduling Mock Surveys and Continuous Survey Readiness Visits. Note that healthcare organizations whose triennial accreditation surveys were delayed due to the COVID-19 pandemic and were completed late, will likely have their next triennial survey off schedule. To manage their workflow, accreditation organizations will attempt to restore their previous distribution of accreditation surveys, causing some surveys to be conducted **up to a year early** for the next survey cycle.

**We look forward to assisting you in the upcoming year.**

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### About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit [www.shassociates.com](http://www.shassociates.com).